

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12822 163-049704

FILED JAN 6 1964

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Little Sisters of Poor**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**3308 Russell**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

**Mayme**

Middle

**McArdle**

Last

4. DATE OF DEATH

Month **December**

Day

**25**

Year

**1963**

5. SEX

**Female**

6. COLOR OR RACE

**Caucasian**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**1874 (about) 89**

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housekeeper**

10b. KIND OF BUSINESS OR INDUSTRY  
**Private Home**

11. BIRTHPLACE (City and state or country)  
**St. Louis Mo**

12. CITIZEN OF WHAT COUNTRY  
**U. S. A.**

13a. FATHER'S NAME

**Leonard Gernaez**

13b. MOTHER'S MAIDEN NAME

**Bridget McNamara**

14. NAME OF HUSBAND OR WIFE

**Hugh McArdle**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**Unknown**

17. INFORMANT  
Address  
**Sister Andrea - 3400 S. Grand**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH

**yr.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Sen. Arteriosclerosis**

DUE TO (c)

**4200**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 1963** to **12/25/63** and last saw her alive on **12/23/63**

Death occurred at **6** A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**8059 Watson Rd.**

22c. DATE SIGNED

**12/26/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**12/27/63**

23c. NAME OF CEMETERY OR CREMATORY

**SS. Peter & Paul**

23d. LOCATION (City, town, or county)

**St. Louis Mo.**

24. FUNERAL DIRECTOR

**Gebken Sons**

ADDRESS

**2630 Gravois**

25. DATE RECD. BY LOCAL REG.

**DEC 26 1963**

26. REGISTRAR'S SIGNATURE

**Good Smith. M.D.**

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

☒ or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert J. Gubken

Licensed Embalmer No. 4144

P. O. Address 2630 Emvair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.